

PLAINTIFF/PETITIONER/MOVANT'S NAME

**KEVIN BURTON**

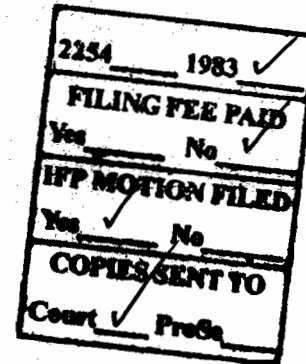
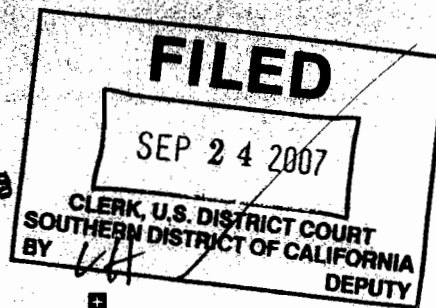
PRISON NUMBER

**C-38062****SAN DIEGO Jail NO. 7714278**

PLACE OF CONFINEMENT

**SAN Diego Central Jail**

ADDRESS

**1173 FRANT ST****San Diego, CA****92101****CV 07 5618****E-filing****United States District Court  
Southern District Of California****PJH****KEVIN BURTON**  
Plaintiff/Petitioner/MovantCivil No. **07CV 1870****RBB****(PR)**

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION  
(CDCR) DIRECTOR CDCR, MIKE EVANS WARDEN, SALINAS VALLEY  
STATE PRISON, LT KRENKE, SGT RAMIREZ, SGT BRUNATO,  
SGT KEENO, C/O CARRASCO, C/O SILVA, C/O CANTRELLAS,  
C/O WILSON, PHILMON, HORRENCE, Defendant/Respondent

C/O PEREZ GARCIA, C/O GRAYWALD, C/O GOODHUNE, (MTA)  
MEDICAL TECHNICAL ASSISTANT, MTA CAUNTAY, MTA  
GARCIA, MTA ZIEGLER, MTA MOSS, Does 1-50

**I, KEVIN BURTON**  
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

**In further support of this application, I answer the following question under penalty of perjury:**

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)  
If "Yes," state the place of your incarceration **SAN Diego County (Jail Central)**  
Are you employed at the institution? ☐ Yes ☒ No  
Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

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2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

NONE

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

June 1998 5.25 hr

labor temp 12th Market

3. In the past twelve months have you received any money from any of the following sources?:

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

\$ 200.00 STATE PAROLE Aug, 2006

NONE

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): NONE

b. Present balance in account(s): 0

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): N/A

b. Present balance in account(s): 0

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: N/A Year: N/A Model: N/A

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? N/A

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

☐ Yes ☒ No

If "Yes" describe the property and state its value. NONE

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NONE

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

NONE

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): NONE

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

Jail provides food. (IMW)

**I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.**

DATE

August 12, 2007

Kevin Burton

SIGNATURE OF APPLICANT



If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

**PRISON CERTIFICATE**  
(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant KEVIN BURTON  
(NAME OF INMATE)

SAN Diego I.O 7714278 CDCR # C-38062  
(INMATE'S CDC NUMBER)

has the sum of \$ 0.27 on account to his/her credit at

SAN Diego County Jail Central Detention  
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

**the past six months** the applicant's *average monthly balance* was \$ 24.00

and the *average monthly deposits* to the applicant's account was \$ 24.00

**ALL PRISONERS *MUST* ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).**

8-24-07

DATE

K LeBaron

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

K LeBaron

OFFICER'S FULL NAME (PRINTED)

Correctional Counselor

OFFICER'S TITLE/RANK

## SAN DIEGO SHERIFFS DEPARTMENT

## Account Activity

Fac: 1 Account Group: INMATE Account Type: GEN

Account #: 7714278

Name(L,F,M,S): BURTON, KEVIN, TERRELL

Start Dt/Tm: 01-01-1990 1200 Ending Dt/Tm: 08-16-2007 2028

Transaction #	Transaction Type	Transaction Date	Amount	Running Balance
400551159	INTAKE	02-24-2007 1411	\$9.00	\$9.00
400553751	COM	02-26-2007 1238	(\$8.79)	\$0.21
400635462	INDEP	04-20-2007 1535	\$75.00	\$75.21
400638789	COM	04-23-2007 1049	(\$27.44)	\$47.77
400649106	COM	04-30-2007 1142	(\$38.60)	\$9.17
400659906	COM	05-07-2007 1106	(\$7.62)	\$1.55
400709004	INDEP	06-07-2007 1540	\$25.00	\$26.55
400713170	COM	06-11-2007 0815	(\$26.01)	\$0.54
400823176	INDEP	08-13-2007 1107	\$35.00	\$35.54
400830535	COM	08-16-2007 0729	(\$35.27)	\$0.27
Transaction Total:				\$0.27
Total Amount by Transaction Type				
COM / COMMISSARY INMATE PURCHASING ITEMS				(\$143.73)
INDEP / INMATE CASH DEPOSIT				\$135.00
INTAKE / INTAKE OF FUNDS FROM PRE-BOOKING PERSONAL PROPERTY SCREEN				\$9.00
Transaction Total:				\$0.27

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
**(Incarcerated applicants only)**

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, KEVIN BURTON SOCS # 7714278, request and authorize the agency holding me in  
(Name of Prisoner/ CDC No.)  
 custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either ☐ \$350 (civil complaint) or ☐ \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

DATE August 12, 2007

Kevin Burton

SIGNATURE OF PRISONER